



### Application Data Sheet

#### **Application Information**

Application number::  
Filing Date:: November 16, 2000  
Application Type:: Continuation  
Subject Matter:: N/A  
Suggested Classification::  
Suggested Group Art::  
CD-ROM or CD-R?:: No  
Number of CDs:: N/A  
Number of Copies of CDs:: N/A  
Sequence Submission?:: No  
Computer Readable Form (CRF)?:: No  
Number of Copies of CRF:: N/A  
Title:: Cytokine Receptor Chain  
Attorney Docket Number:: 1008743-124CIP  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: No  
Latin Name:: N/A  
Variety Denomination Name:: N/A  
Petition Included?:: No  
Petition Type:: N/A  
Licensed US Govt. Agency:: No  
Contract or Grant Numbers:: N/A  
Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity

TECH CENTER 1600/2900

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Given Name:: Mary  
Middle Name::  
Family Name:: Collins  
City of Residence:: Natick  
State or Province of Residence:: Massachusetts  
Country of Residence:: United States  
Street of Mailing Address:: 27 Euclid Avenue  
City of Mailing Address:: Natick  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 01760

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Debra  
Middle Name::  
Family Name:: Donaldson  
City of Residence:: Medford  
State or Province of Residence:: Massachusetts  
Country of Residence:: United States  
Street of Mailing Address:: 109 Blakely  
City of Mailing Address:: Medford  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 02155

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Lori  
Middle Name::  
Family Name:: Fitz

City of Residence:: Arlington  
State or Province of Residence:: Massachusetts  
Country of Residence:: United States  
Street of Mailing Address:: 13 Palmer Street  
City of Mailing Address:: Arlington  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 02177

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Tamlyn  
Middle Name::  
Family Name:: Neben  
City of Residence:: Acton  
State or Province of Residence:: Massachusetts  
Country of Residence:: United States  
Street of Mailing Address:: 13 Duggan Road  
City of Mailing Address:: Acton  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 01720

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Matthew  
Middle Name::  
Family Name:: Whitters  
City of Residence:: Hudson  
State or Province of Residence:: Massachusetts  
Country of Residence:: United States

Street of Mailing Address:: 9 Vinal Street  
City of Mailing Address:: Hudson  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 01749

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Clive  
Middle Name::  
Family Name:: Wood  
City of Residence:: Boston  
State or Province of Residence:: Massachusetts  
Country of Residence:: United States  
Street of Mailing Address:: 2 Hawthorne Place, #17R  
City of Mailing Address:: Boston  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 02114

### **Correspondence Information**

Correspondence Customer Number:: 23483  
Phone Number:: 617-526-6465  
Fax Number:: 617-526-5000

### **Representative Information**

Representative Customer Number:: 23483

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This application	Continuation	08/846,344	April 30, 1997
Which is a	Divisional	08/609,572	March 1, 1996

**Assignee Information**

Assignee Name:: Wyeth  
Street of Mailing Address:: 87 Cambridge Park Drive  
City of Mailing Address:: Cambridge  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 02140